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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE Use separate schedule(s)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17	
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NAME OF COMMITTEE (In Full)  Kidney Care Part	ners f	olitical Action	Committee	
Full Name (Last, First, Middle Initial)  A. McAllisty, Charle  Mailing Address  City Clearwates  FEC ID number of contributing federal political committee,  Name of Employer  Davita  Receipt For:  Primary General  Other (specify)	d Sou- state FL CL Occupation	2ip Code 33756-4633	Date of Receipt  DG 19 2007  Amount of Each Receipt this Period  2,500.60	
Full Name (Last: First, Middle Initial)  B	C Occupation	Zip Code 20087	Date of Receipt  OG 19 2007  Amount of Each Receipt this Period  50,00	
Full Name (Last, First, Middle Initial)  C	Roac State VA C	Zip Code 20180	Date of Receipt  OB 2007  Amount of Each Receipt this Period	
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<del></del>		2,800,50 8,000,50	